

Form 1040CM (2003)

Page 3

See instructions on pages 79, 80 and 81)

PART A		A. YOURSELF		B. SPOUSE	
1	CNMI wages and salaries from Form(s) W-2 and W-2CM	1	12000		
2	Other CNMI wages and salaries not included in line 1	2			
3	Total CNMI wages and salaries (add lines 1 and 2)	3	12000		
4	Amount on line 3 not subject to the wage and salary tax (attach explanation)	4			
5	CNMI wages and salaries (subtract line 4 from line 3)	5	12000		
6	Annual wage and salary tax	6	480		
7	Education tax credit (attach Schedule ETC)	7			
8	Wage and salary tax after credit (subtract line 7 from line 6)	8	480		
9	Combined annual wage and salary tax (add line 8, columns A and B)	9		480	
10	Wage and salary tax withheld and/or paid	10		480	
11	Total wage and salary tax due or (overpaid) (add lines 9 and 10)	11		0	

PART B		A. YOURSELF		B. SPOUSE	
1	Gain from the sale of personal property	1			
2	One half of the gain from the sale of real property	2			
3	One half of the net income from leasing of real property	3			
4	Interest, dividends, rents, royalties (see Important Instructions on page 80)	4			
5a	Gross winnings from any gaming, lottery, raffle, etc.	5a	2500		
b	Less amount excludable (attach Form(s) W-2G)	5b	2500		
c	Balance (subtract line 5b from line 5a)	5c	0		
6	Other income subject to the NMTIT, unless excludable under the earnings tax	6			
7	Total income subject to the earnings tax (add lines 1 thru 4, line 5c, and line 6)	7	0		
8	Annual earnings tax	8	0		
9	Education tax credit (attach Schedule ETC)	9			
10	Earnings tax after credit (subtract line 9 from line 8)	10	0		
11	Total earnings tax due (add line 10, columns A and B)	11		0	

## COMPLETE SCHEDULE OS-3405A (APPLICATION FOR REBATE ON CNMI SOURCE TAX) ON PAGE 4, BEFORE COMPLETING PART C

PART C		A. YOURSELF		B. SPOUSE	
1	Chapter 7 tax underpayment after non-refundable credit (enter amount from Form OS-3405A line 16, part B)	1	0		
2	Chapter 7 overpayment after non-refundable credit (enter amount from Form OS-3405A line 15, part B)	2	47		
3	Rebate offset amount (enter amount from Form OS-3405A line 17, part B)	3	173		
4	Chapter 7 liability or (overpayment) after rebate offset amount (add lines 1 through 3)	4	220		
5	Tax on overpayment of credits	5			
6	Estimated tax penalty	6			
7	Total Chapter 7 liability or (overpayment) (add lines 4, 5 and 6)	7	220		
1	Amount due or (overpaid), Chapter 2 and Chapter 7 (add lines 1 of part A and B, and line 4 of part C)	1	220		
2	CHAPTER 2: (a) Enter amount underpaid (b) Failure to File (c) Failure to Pay (d) Interest Charge	2b			
3	CHAPTER 7: (a) Enter amount underpaid (b) Failure to File (c) Failure to Pay (d) Interest Charge	3b			
4	Total penalty and interest charges (add lines 2b, 2c, 2d, 3b, 3c, and 3d)	4	0		
5	Total amount due or (overpaid), Chapter 2 and Chapter 7 (add lines 1 and 4 of this part, and lines 5 and 6 of part C)	5	220		
6	If line 5 is an overpayment, enter amount you want credited to your 2004 ESTIMATED TAX	6			
7	Amount from line 5 you want credited to your 2004 BUSINESS GROSS REVENUE TAX (indicate the quarter)	7			
8	Net overpayment	8	220		

Do you want to allow another person to discuss this return with the Division of Revenue and Taxation (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_ Personal identification number (PIN): \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: Dale Ann Lane Date: 4-12-04 Your occupation: Businesswoman Daytime phone number: ( ) \_\_\_\_\_

Spouse's signature, If a joint return, BOTH must sign: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) address and zip: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

ATTACH FORM(S) W-2, W-2CM, W-2G AND 1099-R HERE

01408

Form 1040CM(2003)

Page 4

# **SCHEDULE OS-3405A (APPLICATION FOR REBATE ON CNMI SOURCE INCOME TAX) AND CLAIM FOR ADDITIONAL CHILD TAX CREDIT**

(See instructions on page 82)

**PART A - Non-refundable Credits**

1	Wage and salary tax.....	1	480	-								
2	Earnings tax.....	2	0	-								
3	Business gross revenue tax											
	<table border="1"> <thead> <tr> <th>Name</th> <th>Tax ID No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Tax ID No.							3		
Name	Tax ID No.											
4	User fees paid.....	4										
5	Concession fees paid.....	5										
6	Total non-refundable credits (add lines 1 through 5).....	6	480	-								

**PART B - Rebate Computation**

7	Allocable percentage:			
	a Tax without the CNMI	7a	0	%
	b Tax within the CNMI	7b	100	%
8	Total NMTIT on all sources.....	8	673	-
9	Total NMTIT payments made.....	9	240	-
10	Tax on sources without CNMI (multiply line 8 by the percentage as shown on line 7a).....	10	0	-
11	Tax on sources within the CNMI (multiply line 8 by the percentage as shown on line 7b).....	11	673	-
12	Total non-refundable credits (enter amount from line 6, part A).....	12	480	-
13	Adjusted CNMI source tax rebate base (subtract line 12 from line 11. If zero or less, enter -0-).....	13	193	-
14	Total CNMI and NON-CNMI source tax after non-refundable credits (add lines 10 and 13).....	14	193	-
15	NMTIT overpayment (subtract line 14 from line 9. If zero or less, enter -0-).....	15	47	-
16	Total tax underpaid (If line 14 is greater than line 9, subtract line 9 from line 14, otherwise, enter -0-).....	16	0	-
17	Rebate base computation. (Enter this amount on Page 3, Part C, line 3).....	17	173	70

**PART C - Additional Child Tax Credit Computation****Special Notice**

This Part is provided to enable the Division of Revenue and Taxation to process your claim of the Additional Child Tax Credit (ACTC). Please note that the ACTC is being paid by the U.S. Treasury, and the Division of Revenue and Taxation is only facilitating your ACTC claim as agreed upon between the CNMI Department of Finance and the U.S. Treasury. By applying for the ACTC Refund and allowing the refund to be processed by the Division of Revenue and Taxation, you are giving the Division of Revenue and Taxation authorization to release tax information to the Internal Revenue Service (IRS). See important instructions on page 82, Part C, line 2 regarding rebate offset.

1	Additional Child Tax Credit. Enter the amount from line 13 of Form 8812. (Attach Form 8812).....	1		
2	Enter the amount underpaid from line 5, Part D, page 3.....	2		
3	Additional Child Tax Credit refund (line 1 minus line 2, but not less than zero).....	3		
4	Amount you still owe on this return after offset of the ACTC (line 2 minus line 1, but not less than zero).....	4		

		FOR OFFICIAL USE ONLY		01409	
DATE FILED *	DATE PAID	AMOUNT PAID	RECEIPT NO.	VERIFIED BY	POSTED BY

If received after the due date, show post mark.

**DEADLINE: APRIL 15, 2004**



☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number <b>JUNG JIN CORPORATION</b>  P.O. BOX 503428  SALPAN, MP 96950  68-0469532 235-4321		1 Gross winnings <b>1,250.00</b>	Federal income tax withheld
		3 Type of wager <b>Royal Flush</b>	4 Date won <b>07 2003</b>
		5 Transaction	6 Race
		7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code <b>PARK, HWA SUN</b>		9 Winner's taxpayer identification no. <b>586-96-5772</b>	10 Window
		11 First I.D.	12 Second I.D.
		13 State/Payer's state identification no.	14 State income tax withheld <b>250.00</b>

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶ *Dan Hwa Sun* Date ▶ *07/13/2004*

OMB No. 1545-0238

**2003**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

This information is  
being furnished to  
the Internal  
Revenue Service.

**Copy B**

Report this income on your  
Federal tax return. If this  
form shows Federal income  
tax withheld in box 2, attach  
this copy to your return.

Form **W-2G**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number <b>JUNG JIN CORPORATION</b>  P.O. BOX 503428  SALPAN, MP 96950  68-0469532 235-4321		1 Gross winnings <b>1,250.00</b>	Federal income tax withheld
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Signature ▶ *Dan Hwa Sun* Date ▶ *07/13/2004*

OMB No. 1545-0238

**2003**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

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Revenue Service.



**Copy B**

Report this income on your  
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Form **W-2G**

Department of the Treasury - Internal Revenue Service

01410

 <b>DEPARTMENT OF FINANCE</b> <b>DIVISION OF REVENUE AND TAXATION</b> <b>COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS</b> 							
a1. Federal ID number 00-0769332	a3. VOID <input type="checkbox"/>	b. Serial number 00001	g. Loc. code 20	h. Days out of CNMI	i. Cit. code KR	For Employee's Record	
a2. CNMI Tax ID number							
c. Employer's name, address, and ZIP code JUNG JIN CORPORATION P.O. Box 503428 Saipan, MP 96950			j. SIC 7993	k. SOC 1210	l. Entry permit no.		
			1. Wages, tips, other compensation \$ 12,000.00		2a. Income tax withheld (Chap. 7) 240.00	2b. Local wage & salary tax withheld (Chap. 2) 480.00	
			3. Social security wages 12,000.00		4. Social security tax withheld 744.00		
d. Employee's social security number 550-96-5772			5. Medicare wages and tips 12,000.00		6. Medicare tax withheld 174.00		
e. Employee's first name and initial HWA SUN		Last name PARK	7. Social security tips 0		8. Allocated tips 0		
f. Employee's address and ZIP code P.O. Box 503428 SAIPAN, MP 96950			9. Advance EIC payment 0		10. Dependent care benefits 0		
			11. Nonqualified plans 0		12a. See Instructions for box 12 \$ 0		
			13. Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b. \$ 0		
<b>Form 2003 Wage and Tax W-2CM Statement</b>			14a. Other 0		14b. \$ 0		
					12c. \$ 0		
					12d. \$ 0		

01411

**2004**

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**♦ IMPORTANT ♦**  
You must enter SSNs  
above.

Form 1040EZ-CM (2004)



JEZ CM (2004)

PAGE 2

Instructions on page 4)

		A. YOURSELF		B. SPOUSE		
PART A Wage and salary tax computation	1 CNMI wages and salaries from Form(s) W-2CM	1	12000	-		
	2 Other CNMI wages and salaries not included in line 1	2				
	3 Total CNMI wages and salaries (add lines 1 and 2)	3	12000	-		
	4 Amount in line 3 not subject to the wage and salary tax (attach explanation)	4				
	5 CNMI wages and salaries (subtract line 4 from line 3)	5	12000	-		
	6 Annual wage and salary tax	6	480	-		
	7 Combined annual tax (add line 6, Columns A and B)	7			480	-
	8 Wages and salary tax withheld and/or paid	8			480	-
	9 Total wage and salary tax due or (overpaid) (add lines 7 and 8)	9			0	
PART B Rebate computation	1 Total NMTIT (Chapter 7) tax (line 10, page 1)	1			408	-
	2 Total NMTIT (Chapter 7) payments made (enter amount from 9, page 1)	2			240	-
	3 Total non-refundable credits (enter amount from line 7, part A)	3			480	-
	4 Tax after non-refundable credit (subtract line 3 from line 1. If zero or less, enter -0-)	4			0	
	5 NMTIT overpayment (subtract line 4 from line 2. If zero or less, enter -0-)	5			240	-
	6 NMTIT underpayment (subtract line 2 from line 4. If zero or less, enter -0-)	6			0	
	7 Rebate base computation (see table on Part B, Page 4)	7			0	
PART C Chapter 7 tax and rebate offset calculations	1 Chapter 7 tax underpayment after non-refundable credit (enter amount from line 6, part B)	1			0	
	2 Chapter 7 overpayment after non-refundable credit (enter amount from line 5, part B)	2			240	-
	3 Rebate/rebate offset amount (enter amount from line 7, part B)	3			0	
	4 Chapter 7 liability or (overpayment) after rebate offset amount (add lines 1 through 3)	4			240	-
	5 Tax on overpayment of credits	5				
	6 Estimated tax penalty	6				
	7 Total Chapter 7 liability or (overpayment) (add lines 4 through 6)	7			240	-
PART D Combined due or (overpayment)	1 Total due or (overpaid), Chapter 2 and Chapter 7 (Add line 9 of part A and line 4 of part C). If this line shows an overpayment, continue on to line 5	1			240	-
	2 CHAPTER 2: Enter amount underpaid (b) Failure to File (c) Failure to Pay (d) Interest Charge	2b, 2c, 2d				
	3 CHAPTER 7: Enter amount underpaid (b) Failure to File (c) Failure to Pay (d) Interest Charge	3b, 3c, 3d				
	4 Total penalty and interest charges (add lines 2b, 2c, 2d, 3b, 3c, and 3d)	4			0	
	5 Total amount due or (overpaid), Chapter 2 and Chapter 7 (add lines 1 and 4 of this part, and lines 5 and 6 of part C)	5			240	-
	6 If line 5 is an overpayment, enter amount you want credited to your 2005 ESTIMATED TAX	6				
	7 Net overpayment	7			240	-

FOR OFFICIAL USE ONLY

DATE FILED	DATE PAID	AMOUNT PAID	RECEIPT NO.	VERIFIED BY	POSTED BY
					01413

\*If received after the due date, show post mark.

DEADLINE: APRIL 15, 2005

DEPARTMENT OF FINANCE DIVISION OF REVENUE AND TAXATION COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS		2004 Wage and Tax Form W-2CM Statement	
a1. Federal ID number 00-04105532	a3. VOID <input type="checkbox"/>	b. Serial number 00001	c. Employer's name, address, and ZIP code U.S. AIR FORCE 1-0, 600 503420 BALDWIN, MP 96950
a2. CNMI tax ID number		d. Employee's social security number 500-90-5772	e. Employee's first name and initial JOHN
		f. Last name JOHN	
		g. Loc. code 00	h. Days out of CNMI
		i. SIC 1393	k. SOC 2210
		l. Wages, tips, other compensation \$ 12,000.00	1. CIL code 101
		3. Social security wages 12,000.00	2a. Income tax withheld (Chap. 7) 240.00
		5. Medicare wages and tips 12,000.00	4. Social security tax withheld 713.00
		7. Social security tips 0	6. Medicare tax withheld 713.00
		9. Advance EIC payment 0	8. Allocated tips 0
		11. Nonqualified plans 0	10. Dependent care benefits 0
		13. Statutory Retirement employee plan <input type="checkbox"/>	12a. See instructions for box 12 0
		Third-party sick pay <input type="checkbox"/>	12b. \$
		14a. Other <input type="checkbox"/>	12c. \$
		14b. \$	12d. \$

01414